

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
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18	1		1			
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28	1	1				
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35	1	1				
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39	MISSING					
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47						
48			1			
49						
50						
TOTAL IND.	1					
TOTAL DEP.	1	3	2	2	2	2
TOTAL CLAIMS	4	3	4	3	4	3

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.	1							
TOTAL DEP.	1	1	1	1	1	1	1	1
TOTAL CLAIMS	1	1	1	1	1	1	1	1